

<div style="float: right; font-size: 2em; opacity: 0.5;">ANNEX B</div> STATEMENT OF UNDERSTANDING NO MISTAKES are permitted on this document				
APPLICANT	The applicant must fill out Blocks 1 through 31 (Blocks 1, 4, 4a, are excluded) in their own handwriting, initial each item to indicate understanding, and sign and date the agreement accordingly. Ensure you receive a copy of this document.			
MEPS LN/ NCOIC	a) Certify the proper explanation of the agreement to the applicant, b) Certify applicant qualification, c) Certify that OPS MCRISS personnel have assigned a program in MCRISS, d) Ensure the applicant is given and parent/guardian, as applicable, a copy of this agreement at the time of completion.			
NAME	1 Last DUNN	1a First DANIEL	1b MI A	1c SSN: XXX-XX-1068
				1d Date 20100629
AGREEMENT				
2	I understand that this statement of understanding represents the total agreement, and supersedes any other previous agreements, between myself and the United States Marine Corps concerning enlistment guarantees stated within.			2a Initials DAD
3	I understand that I am enlisting in the Selected Marine Corps Reserve in the below stated enlistment incentive program listed in Para 4, and can be assigned and trained to serve in the MOS listed in the Occupational Field(s) specified in Para 4b below. I have had the opportunity to review the MOS listed under this option and acknowledge THE SPECIFIC MOS is guaranteed to me under this enlistment option.			3a Initials DAD
MARINE CORPS RESERVE OPTIONAL ENLISTMENT PROGRAM (ROEP)				
4	Program Code ZY	4a Program Description ROEP	4b Military Occupational Field(s) in Option MOS: 6531 SHORT TITLE: AIRCRAFT ORDNANCE TECHNICIAN RUC: 01130 CITY/STATE: FORT WORTH, TX	
INACTIVE DUTY TRAINING (IDT) TRAINING OBLIGATIONS				
5a	I understand that I am enlisting in the Marine Corps Reserve, Reserve Optional Enlistment Program (ROEP) for a period of EIGHT (8) YEARS . I understand that for the next FOUR (4) YEARS (IRR) SIX (6) YEARS (IRR) (line out non applicable years, then circle applicable years & initial selection) following assignment to Initial Active Duty Training (IADT) will be required to satisfactorily participate in drills. Satisfactory participation consists of attendance at and satisfactory performances of 48 scheduled Inactive Duty Training (IDT) periods (usually 1 weekend per month) and not less than 14 days (exclusive of travel time) of Active Duty Training (ADT) during each year of my contract. My remaining obligation will be in an Individual Ready Reserve (IRR) status.			5a Initials DAD
5b	I will be required to attend IDT and ADT periods as prescribed, and I understand that failure to do so may result in my being ordered to active duty by the Commandant of the Marine Corps for a period of 2 years, less any period of active duty or ADT I may have already served. I also understand that my failure to attend IDT and ADT periods could result in a less than honorable discharge. I understand that while in the SMCR (IDT status), I will not be excused from ADT for the purpose of attending college.			5b Initials DAD
6	I acknowledge that the location of my Reserve Unit in block 4b is correct.			6a Initials DAD
7	I must request a waiver from the Commanding Officer/Site Commander of my initial Reserve Unit in order to transfer to a different unit prior to completing six consecutive months of IDT's at my initial Reserve Unit.			7a Initials DAD
8	I will report to my initial Reserve Unit for scheduled IDT's on the dates and at the times I am ordered to report.			8a Initials DAD
9	I must keep my Commanding Officer/Site Commander informed of my current address and phone number at all times.			9a Initials DAD
10	If I change my place of domicile, I must join another Marine Reserve unit located within the standard 100-mile radius from my new domicile.			10a Initials DAD
11	I realize that during the periods of ADT and during all my scheduled IDT drill periods, I will be subjected to the same disciplinary control and regulations as a member of the Regular Marine Corps.			11a Initials DAD
12	I understand that I am expected to maintain the required acceptable standards of dress, hygiene, attitude, decorum, and effort during IDT and ADT periods.			12a Initials DAD
13	I was briefed on my future Reserve Unit by the Inspector-Instructor/Commanding Officer/Site Commander or by a command representative (Circle one). Date Interview was conducted (see page DD 1966/4 for interview date): 20100708			13a Initials DAD
INDIVIDUAL READY RESERVE (IRR) AND RECALL OBLIGATIONS				
14	I understand that I am eligible, upon request, for transfer from the SMCR (IDT status) to the IRR following satisfactory completion of my ROEP 4 x 4 or 6 x 2 commitment, which commences on the date of departure from IADT.			14a Initials DAD
15	I realize that I will be liable for involuntary recall to active duty in case of national emergency declared by the President of the United States and I may be ordered to active duty (other than for training) for not more than 24 consecutive months. Further, in time of national emergency or war declared by Congress, or when otherwise authorized by law, I may be ordered to active duty (other than for training) for the duration of the national emergency or war and for 6 months thereafter.			15a Initials DAD
APPLICANT ACKNOWLEDGEMENT AND CERTIFICATION				
I understand I must fill out this document truthfully and completely. I further understand that failure to complete any part of this form disqualifies me for a clearance and the incentive program. Finally, I understand that ANY promises made by my recruiter or anyone else, which are not contained in this written agreement are NOT binding on the Marine Corps.				
SIGNATURE	16	16a Date 100629		
PRINT NAME	17	Print Name As It Appears in the Signature Block Above Daniel Austin Dunn		

MARINE CORPS RESERVE OPTIONAL ENLISTMENT PROGRAM (ROEP) (Page 2)											
NAME		1a LAST DUNN		1b FIRST DANIEL		1c MI A		1d SSN XXX-XX-1068		1e Date 20100629	
INITIAL TRAINING											
18		I understand that I will be assigned to Marine Corps Recruit Depot training, Marine Corps Combat Training (MCT), and Military Occupational Specialty (MOS) formal schooling within 365 days of enlistment.								18a DAD	
19		I will attend Marine Corps Recruit Depot training first, followed by MCT, and then my MOS formal school.								19a DAD	
20		I understand that following Marine Corps Recruit Depot training, I may receive up to 10 days leave before commencing MCT and MOS formal schooling. The length of my leave may vary, dependent upon coordination of training phases.								20a DAD	
21		The MOS for which I am enlisting for in block 4b has been described to me, and I understand its prerequisite qualifications.								21a DAD	
22		I also realize that after completion of my IADT period that the Marine Corps may assign me to a billet which involves responsibilities quite different from those for which I may receive training in the MOS designated above in block 4b.								22a DAD	
23		I understand that during IADT period of less than three months, I will not be eligible to start Electronic Funds Transfer (EFT) allotment for any financial reason.								23a DAD	
24		I understand that during the IADT, I will be entitled only to pay and allowances which accrue while on IADT. I will not be eligible to receive any special payments or bonuses prior to completion of my initial training.								24a DAD	
25		I realize that if I am disqualified from assignment to a billet requiring this MOS after enlistment, due to discovery of fraudulent enlistment, serious breach of discipline, punishment under the Uniform Code of Military Justice, failure to master the training, or by my failure to maintain necessary qualifications for my MOS, I may be discharged or reassigned another MOS which serves the needs and convenience of the Marine Corps.								25a DAD	
INCENTIVES AND BONUSES											
26		I realize that I am only eligible for the Montgomery G.I. Bill Selected Reserve (MGIB-SR) entitlements (which provides for educational assistance) if I have agreed to serve at least 6 years (K4) in the SMCR (IDT status).								26a DAD	
27		I understand that I am not eligible for the Command Recruiter Program and the Permissive Recruiter Assistant Program (PRASP).								27a DAD	
28		I understand that there are no monetary promises being made to me in this Statement Of Understanding (SOU). Any monetary promises will be contained in a separate Statement of Understanding (SOU) entitled Z7 SRIP or Z8 Education Kicker.								28a DAD	
29		I certify that I am NOT on the Incremental Initial Active Duty (IIADT or 92 DAY SPLIT Training) program.								29a DAD	
APPLICANT ACKNOWLEDGEMENT AND CERTIFICATION											
This Statement of Understanding and my Application for Enlistment constitutes the entirety of my enlistment agreement with the Marine Corps. I realize that this "Statement of Understanding" will become an attachment to my enlistment contract. I understand that my subsequent changes to this agreement, as required by Executive Order, law, or other regulations, will have the same force and effect as the provisions contained herein. I certify that I have read and understand my duties, responsibilities, and obligations to the Marine Corps and, in consideration for the benefits I hope to derive from my enlistment agree to the terms outlined above. Finally, I understand that ANY promises made by my recruiter or anyone else, which are not contained in this written agreement are NOT binding on the Marine Corps.											
SIGNATURE		30		Daniel Austin Dunn						Date 100629	
PRINT NAME		31		Daniel Austin Dunn							
MEPS LIAISON CERTIFICATION											
I understand that I am responsible for ensuring the applicant fully understands this Reserve Optional Enlistment Program (ROEP) SOU. I further acknowledge that as the MEPS Liaison I have screened this applicant for the program and is fully qualified IAW MCO 1130.53, Encl 6 & Para 5 above, or a MCRC level Enlistment Incentive Option Criteria Waiver has been approved in MCRIS, and a valid MCROC program in MCRIS. Lastly, I have ensured that no other promises (written or verbal) have been made to this applicant other than that stated here in the SOU.											
PRINT NAME		32		LAST Schomero		32a FIRST Michael		32b MI J		32c SSN XXX-XX-3223	
SIGNATURE		33		[Signature]						Date 100629	
QUOTA		34		Quota Sequence Number Assigned (QSN)						Name and Billet of person providing QSN	
SEQUENCE NUMBER		34		201006761						34a MSgt. Caneaux CAP Chief	

ANNEX B

RESERVE NONPRIOR SERVICE INITIAL INTERVIEW CHECKLIST

INSTRUCTIONS: PART I IS TO BE COMPLETED BY THE RS/RECRUITER AND WILL BE INCLUDED IN THE ENLISTEE'S ENLISTMENT PACKAGE FOR THE VISIT TO THE SMCR UNIT FOR THE INTERVIEW AND ORIENTATION BRIEF.

PART I:

Applicant's Name DUNN DANIEL AUSTIN SSN 594961068
Last First Middle

SMCR Unit MALSHI MOS 6531 QSN 201006761

Ship Date 100712 MOS School (MCC) _____ School Date _____

Proj Unit Join Date _____

SRIP: N/A, Bonus Control Number _____ Date _____

Does enlistee desire the Montgomery GI Bill? Yes X No _____

Component assigned? Yes X No _____

IIADT: Yes _____ No X First Increment Begin Date _____
College Registration Date _____
Second Increment Begin Date _____
Third Increment MCT _____

ROEP: Yes X No _____ Component Code (Circle one)

NA	<u>K4</u>	B5	K9	K8
	6X2	5X3	4X4	3X5

Education (Circle): HS Senior HS Grad College 1 2 3 4
Non-HS Grad Other (comment): _____

Remarks: _____

Test Scores: AFQT 88 GT 129 EL 122 MM 124 CL 117 Other _____

DOB: 19900330 Home Phone #: (817) 430-9853

Address: 165 LAKE TRAIL DR Douglas TX 75077
No. Street City State ZIP

Approximate Commuting Time/Distance from SMCR Unit: 1 hour / 45.1 miles

Employment: _____

Marital Status: S No. of Depn 0

Recruiter's Signature [Signature] Print Name RAGAN, J.K.

2010-07-08 15:12

RSS LEWISVILLE

(972) 219-0361 >>

RS FTW MEPS P 2/3

Instructions: PART II SHOULD BE COMPLETED BY THE UNIT CAREER PLANNER OR COMMANDING OFFICER.

PART II

1. Does the enlistee help fill the MOS requirements of the unit as identified in the Reserve Manpower Plan? Yes ☒ DAD No ☐
2. Does the enlistee live within 100 miles or 3 hours driving time from the reserve unit? Yes ☒ DAD No ☐
3. Does the enlistee understand the requirements for satisfactory participation in the Marine Corps Reserve? Yes ☒ DAD No ☐
- a. Two days of drills per month? Yes ☒ DAD No ☐
- b. Fifteen days of active duty each year? Yes ☒ DAD No ☐
- c. Haircut regulations? Yes ☒ DAD No ☐
- d. Maintenance of physical/weight standards? Yes ☒ DAD No ☐
- e. Proficiency and conduct evaluations? Yes ☒ DAD No ☐
4. Is the enlistee free from any commitments that would preclude satisfactory participation (i.e. civilian work conflict, lack of transportation)? Yes ☒ DAD No ☐
5. If enlisting for a particular program, does the enlistee meet the eligibility requirements and has the enlistee been briefed on the program's provisions as stated in:
- a. Incremental Initial Active Duty Training (IIADT) (MCO 1001R.54)? Yes ☐ No ☐ N/A ☐
- b. Category P Program (MCO 1500R.36)? Yes ☐ No ☐ N/A ☐
- c. Selected Reserve Incentive Program (SRIP) (MCO 7720R.38)? Yes ☐ No ☐ N/A ☐
6. Has the enlistee been provided with the address, phone number, and point of contact at the reserve unit? Yes ☒ DAD No ☐
7. Does the enlistee know to forward his/her military address at the recruit depot to family members and to the unit Career Planner at the unit? (Provide the enlistee an envelope with the unit Career Planner's address on the front) Yes ☒ DAD No ☐
8. Does the enlistee understand the terms of the contractual obligation and the consequences for failing to meet the same? Yes ☒ DAD No ☐

9. Name of enlistee's sponsor: Gy Sgt Rhea, JM

10. Remarks: _____

SIGNATURE: _____

Interviewer

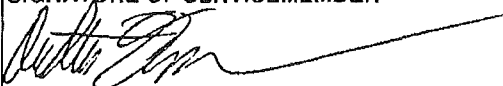
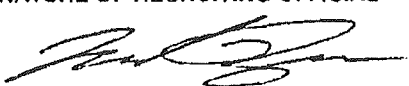
2010 6 10 8

Date

Daniel A. Drum
Enlistee

2010 07 02

Date

DD FORM 93 ADDENDUM RECORD OF EMERGENCY DATA			
<p>AUTHORITY: DODI 1300.18 Military Personnel Casualty Matters, Policies and Procedures and MARADMIN 421/05</p> <p>PRINCIPAL PURPOSES: This form is used to designate the Person Authorized to Direct Disposition (PADD).</p> <p>ROUTINE USES: As an Addendum to the DD Form 93, Record of Emergency Data</p> <p>Disclosure: Designation of PADD is required. If a Marine fails to designate a PADD on the DD Form 93 Record Of Emergency Data, CMC (MRPC) will use order of precedence in section E.2.1.1.25 of DODI 1300.18</p>			
INSTRUCTIONS TO SERVICEMEMBER			
<p>Each Marine is required to designate a Person Authorized to Direct Disposition (PADD) prior to being accessed onto active duty or active duty for training. The PADD is the person whom you will determine to handle WHEN, HOW and WHERE you will be buried in the event of your death. The Full Name, Address, Phone Number and the Relationship of the PADD must be recorded below in Blocks 2a thru 4a. The data will be used by Recruit Administrative Sections to document the Marine Corps Total Force System (MCTFS). The PADD designee may be a "blood relative" or "family member" currently listed on the DD Form 93 Record of Emergency Data.</p>		<p>Accessions must select (1) PADD from list below:</p> <ol style="list-style-type: none"> 1. Unremarried surviving spouse. 2. Natural & adopted Children (Age 18+). 3. Father or Mother. 4. Remarried surviving spouse (the term remarried surviving spouse does not include one who obtained a divorce from the decedent or who remarried before a finding of death). 5. Blood or adoptive relative who was granted legal custody of the 6. Brothers or Sisters (Age 18+). 7. Grandfather or Grandmother. 8. Persons designated as Loco-Parentis. 9. Other relatives of legal age in order of relationship to individual according to civil law 	
SERVICEMEMBER			
1a. First Name Daniel	1b. Initial A	1c. Last Name Dunn	
1d. SSN 594-96-1068		1e. Date 20100525	
PADD			
2a. First Name JUDY	2b. Initial E	2c. Last Name DUNN	
2d. Relationship Mother			
ADDRESS			
3a. Street Address 165 LAKE TRAIL DR	3b. City DOUBLE OAK	3c. State TX	3d. ZIP 75077
4a. Telephone Number (AC + Number) (817) 430-9853			
SIGNATURE OF SERVICEMEMBER 		SIGNATURE OF RECRUITING OFFICIAL 	



RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).

PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death. It does not have a legal impact on other forms you may have completed with the DoD or your employer.

IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

SECTION 1 - EMERGENCY CONTACT INFORMATION

1. NAME (Last, First, Middle Initial)

DUNN DANIEL A

2. SSN

594-96-1068

3a. SERVICE/CIVILIAN CATEGORY

☐ ARMY ☐ NAVY ☒ MARINE CORPS ☐ AIR FORCE ☐ DoD ☐ CIVILIAN ☐ CONTRACTOR

b. REPORTING UNIT CODE/DUTY STATION

SM3

4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial)

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

☒ SINGLE ☐ DIVORCED ☐ WIDOWED

5. CHILDREN

a. NAME (Last, First, Middle Initial)

b. RELATIONSHIP

c. DATE OF BIRTH (YYYYMMDD)

d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

None

6a. FATHER NAME (Last, First, Middle Initial)

DUNN RICKY A

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

165 LAKE TRAIL DR

DOUBLE OAK, TX 75077

214-498-4509

7a. MOTHER NAME (Last, First, Middle Initial)

DUNN JUDY E

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

165 LAKE TRAIL DR

DOUBLE OAK, TX 75077

214-402-3819

8a. DO NOT NOTIFY DUE TO ILL HEALTH

NONE

b. NOTIFY INSTEAD

9a. DESIGNATED PERSON(S) (Military only)

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER



10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)

DD FORM 93, JAN 2008

PREVIOUS EDITION IS OBSOLETE.





SECTION 2 - BENEFITS RELATED INFORMATION			
11a. BENEFICIARY(IES) FOR DEATH GRATUITY (Military only) DUNN JUDY E	b. RELATIONSHIP MOTHER	c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER 165 LAKE TRAIL DR DOUBLE OAK, TX 75077 214-402-3819	d. PERCENTAGE 100 %
12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES (Military only) NAME AND RELATIONSHIP DUNN JUDY E	MOTHER	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER 165 LAKE TRAIL DR DOUBLE OAK, TX 75077 214-402-3819	c. PERCENTAGE 100 %
13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) (Military only) NAME AND RELATIONSHIP DUNN JUDY E	MOTHER	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER 165 LAKE TRAIL DR DOUBLE OAK, TX 75077 214-402-3819	
14. CONTINUATION/REMARKS			
15. 	 AN (Include rank, rate, 20100608 15:36:24	16. SIGNATURE OF WITNESS (Include rank, rate, or grade as appropriate)	17. DATE SIGNED (YYYYMMDD) 20100608 15:36:24



STATE OF FLORIDA

OFFICE of VITAL STATISTICS
CERTIFICATION OF BIRTH

NAME: DENNIE AUSTIN DUNN

DATE OF BIRTH: 3/30/90 SEX: MALE

PLACE OF BIRTH: MIAMI-DADE COUNTY, FLORIDA

CERTIFICATE NUMBER: 100-90-048788

DATE FILED: 4/09/90 DATE ISSUED: 7/21/99

MOTHER'S MAIDEN NAME: JUDY BLAINE PUGH THRASHER

FATHER'S NAME: RICK ANDREW DUNN

This is to certify that this is a true abstract of the official record filed with this office.

By *J. Lawrence Dandrea* State Registrar

WARNING: 3960204

DO NOT ALTER, REPRODUCE, COPIES, OR OTHERWISE MUTILATE THIS CERTIFICATE. ANYONE WHO DOES SO SHALL BE SUBJECT TO A FINE OF \$100.00 AND IMPRISONMENT FOR UP TO 6 MONTHS.

FLORIDA DEPARTMENT OF HEALTH

11453 Form 1582A (1-97)

THIS IS A TRUE COPY OF THE ORIGINAL RECORD AS FILED IN THE OFFICE OF THE STATE REGISTRAR, FLORIDA. IT IS NOT A TRUE COPY OF THE ORIGINAL RECORD AS FILED IN THE OFFICE OF THE STATE REGISTRAR, FLORIDA. IT IS NOT A TRUE COPY OF THE ORIGINAL RECORD AS FILED IN THE OFFICE OF THE STATE REGISTRAR, FLORIDA.



REPORT OF MEDICAL HISTORY.

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

Form Approved
OMB No. 0704-0413
Expires Oct 31, 2006

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate of Information Operations and Reports (0704-0413), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no persons shall be subject to any penalty for failing to comply with a collection of information if it does not display a current valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.

PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members for the Armed Forces.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) DUNN DANIEL AUSTIN		2. SOCIAL SECURITY NUMBER 594-96-1068	3. TODAY'S DATE (YYYYMMDD) 20100526
4. a. HOME ADDRESS (Street, Apartment No., City, State, ZIP Code) 165 LAKE TRAIL DR DOUBLE OAK, TX 75077		5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code) Dallas Meps 207 S. Houston Street Dallas, TX 75202-4709	
b. HOME TELEPHONE (Include Area Code) 214-850-3866			

X ALL APPLICABLE BOXES:

6. a. SERVICE		b. COMPONENT		c. PURPOSE OF EXAMINATION		7. a. POSITION (Title, Grade, Component) CIVILIAN
<input type="checkbox"/> Army	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Active Duty	<input checked="" type="checkbox"/> Enlistment	<input type="checkbox"/> Medical Board	<input type="checkbox"/> Other (Specify)	b. USUAL OCCUPATION Delivery Expert
<input type="checkbox"/> Navy	<input checked="" type="checkbox"/> Reserve	<input type="checkbox"/> Commission	<input type="checkbox"/> Retirement	<input type="checkbox"/> U.S. Service Academy		
<input checked="" type="checkbox"/> Marine Corps	<input type="checkbox"/> National Guard	<input type="checkbox"/> Retention	<input type="checkbox"/> ROTC Scholarship Program			
<input type="checkbox"/> Air Force		<input type="checkbox"/> Separation				

8. CURRENT MEDICATIONS (Prescription and Over-the-counter)

Claritin-

9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)

none

Mark each item "YES" or "NO".

HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES	NO	12. (Continued)		YES	NO
10. a.	Tuberculosis	<input type="radio"/>	<input checked="" type="radio"/>	1.	Foot trouble (e.g., pain, corns, bunions, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
b.	Lived with someone who had tuberculosis	<input type="radio"/>	<input checked="" type="radio"/>	g.	Impaired use of arms, legs, hands, or feet	<input type="radio"/>	<input checked="" type="radio"/>
c.	Coughed up blood	<input type="radio"/>	<input checked="" type="radio"/>	h.	Swollen or painful joint(s)	<input type="radio"/>	<input checked="" type="radio"/>
d.	Asthma or any breathing problems related to exercise, weather, pollens, etc.	<input type="radio"/>	<input checked="" type="radio"/>	i.	Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
e.	Shortness of breath	<input type="radio"/>	<input checked="" type="radio"/>	j.	Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	<input type="radio"/>	<input checked="" type="radio"/>
f.	Bronchitis	<input type="radio"/>	<input checked="" type="radio"/>	k.	Any need to use corrective devices such as prosthetic devices, knee braces, back supports, lifts or orthotics, etc.	<input type="radio"/>	<input checked="" type="radio"/>
g.	Wheezing or problems with wheezing	<input type="radio"/>	<input checked="" type="radio"/>	l.	Bone, joint, or other deformity	<input type="radio"/>	<input checked="" type="radio"/>
h.	Been prescribed or used an inhaler	<input type="radio"/>	<input checked="" type="radio"/>	m.	Plate(s), screw(s), rod(s) or pin(s) in any bone	<input type="radio"/>	<input checked="" type="radio"/>
i.	A chronic cough or cough at night	<input type="radio"/>	<input checked="" type="radio"/>	n.	Broken bone(s) (cracked or fractured)	<input type="radio"/>	<input checked="" type="radio"/>
j.	Sinusitis	<input type="radio"/>	<input checked="" type="radio"/>	13. a.	Frequent indigestion or heartburn	<input type="radio"/>	<input checked="" type="radio"/>
k.	Hay fever	<input type="radio"/>	<input checked="" type="radio"/>	b.	Stomach, liver, intestinal trouble, or ulcer	<input type="radio"/>	<input checked="" type="radio"/>
l.	Chronic or frequent colds	<input type="radio"/>	<input checked="" type="radio"/>	c.	Gall bladder trouble or gallstones	<input type="radio"/>	<input checked="" type="radio"/>
11. a.	Severe tooth or gum trouble	<input type="radio"/>	<input checked="" type="radio"/>	d.	Jaundice or hepatitis (liver disease)	<input type="radio"/>	<input checked="" type="radio"/>
b.	Thyroid trouble or goiter	<input type="radio"/>	<input checked="" type="radio"/>	e.	Rupture/hernia	<input type="radio"/>	<input checked="" type="radio"/>
c.	Eye disorder or trouble	<input type="radio"/>	<input checked="" type="radio"/>	f.	Rectal disease, hemorrhoids or blood from the rectum	<input type="radio"/>	<input checked="" type="radio"/>
d.	Ear, nose, or throat trouble	<input type="radio"/>	<input checked="" type="radio"/>	g.	Skin diseases (e.g. acne, eczema, psoriasis, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
e.	Loss of vision in either eye	<input type="radio"/>	<input checked="" type="radio"/>	h.	Frequent or painful urination	<input type="radio"/>	<input checked="" type="radio"/>
f.	Worn contact lenses or glasses	<input checked="" type="radio"/>	<input type="radio"/>	i.	High or low blood sugar	<input type="radio"/>	<input checked="" type="radio"/>
g.	A hearing loss or wear a hearing aid	<input type="radio"/>	<input checked="" type="radio"/>	j.	Kidney stone or blood in urine	<input type="radio"/>	<input checked="" type="radio"/>
h.	Surgery to correct vision (RK, PRK, LASIK, etc.)	<input type="radio"/>	<input checked="" type="radio"/>	k.	Sugar or protein in urine	<input type="radio"/>	<input checked="" type="radio"/>
12. a.	Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)	<input type="radio"/>	<input checked="" type="radio"/>	l.	Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
b.	Arthritis, rheumatism, or bursitis	<input type="radio"/>	<input checked="" type="radio"/>	14. a.	Adverse reaction to serum, food, insect stings or medicine	<input type="radio"/>	<input checked="" type="radio"/>
c.	Recurrent back pain or any back problem	<input type="radio"/>	<input checked="" type="radio"/>	b.	Recent unexplained gain or loss of weight	<input type="radio"/>	<input checked="" type="radio"/>
d.	Numbness or tingling	<input type="radio"/>	<input checked="" type="radio"/>	c.	Currently in good health (If no, explain in Item 29 on page 2)	<input checked="" type="radio"/>	<input type="radio"/>
e.	Loss of finger or toe	<input type="radio"/>	<input checked="" type="radio"/>	d.	Tumor, growth, cyst, or cancer	<input type="radio"/>	<input checked="" type="radio"/>

DD FORM 2807-1, OCT 2003

DoD exemption to SF 93 approved by ICMR, August 3, 2000.

Page 1 of 4 Pages



DESIGNED USING MIRS, USMEPCOM; OUSD(P&R)
OVERPRINT/EXCEPTION APPROVED, MAY 7, 2001



LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) DUNN, DANIEL AUSTIN			SOCIAL SECURITY NUMBER 594-96-1068		
Mark each item "YES" or "NO".			Mark each item "YES" or "NO". For Items 19 - 28, every item marked "YES" must be fully explained in Item 29 below.		
HAVE YOU EVER HAD OR DO YOU NOW HAVE:			HAVE YOU EVER HAD OR DO YOU NOW HAVE:		
15. a. Dizziness or fainting spells	YES	NO	19. Have you been refused employment or been unable to hold a job or stay in school because of:	YES	NO
b. Frequent or severe headache	<input type="radio"/>	<input checked="" type="radio"/>	a. Sensitivity to chemicals, dust, sunlight, etc.	<input type="radio"/>	<input checked="" type="radio"/>
c. A head injury, memory loss or amnesia	<input type="radio"/>	<input checked="" type="radio"/>	b. Inability to perform certain motions	<input type="radio"/>	<input checked="" type="radio"/>
d. Paralysis	<input type="radio"/>	<input checked="" type="radio"/>	c. Inability to stand, sit, kneel, lie down, etc.	<input type="radio"/>	<input checked="" type="radio"/>
e. Seizures, convulsions, epilepsy or fits	<input type="radio"/>	<input checked="" type="radio"/>	d. Other medical reasons (If yes, give reasons.)	<input type="radio"/>	<input checked="" type="radio"/>
f. Car, train, sea, or air sickness	<input type="radio"/>	<input checked="" type="radio"/>	20. Have you ever been treated in an Emergency Room? (If yes, for what?)	<input type="radio"/>	<input checked="" type="radio"/>
g. A period of unconsciousness or concussion	<input type="radio"/>	<input checked="" type="radio"/>	21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	<input type="radio"/>	<input checked="" type="radio"/>
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/>	<input checked="" type="radio"/>	22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.)	<input type="radio"/>	<input checked="" type="radio"/>
16. a. Rheumatic fever	<input type="radio"/>	<input checked="" type="radio"/>	23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	<input type="radio"/>	<input checked="" type="radio"/>
b. Prolonged bleeding (as after an injury or tooth extraction, etc.)	<input type="radio"/>	<input checked="" type="radio"/>	24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	<input type="radio"/>	<input checked="" type="radio"/>
c. Pain or pressure in the chest	<input type="radio"/>	<input checked="" type="radio"/>	25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)	<input type="radio"/>	<input checked="" type="radio"/>
d. Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/>	<input checked="" type="radio"/>	26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)	<input type="radio"/>	<input checked="" type="radio"/>
e. Heart trouble or murmur	<input type="radio"/>	<input checked="" type="radio"/>	27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.)	<input type="radio"/>	<input checked="" type="radio"/>
f. High or low blood pressure	<input type="radio"/>	<input checked="" type="radio"/>	28. Have you ever been denied life insurance?	<input type="radio"/>	<input checked="" type="radio"/>
17. a. Nervous trouble of any sort (anxiety or panic attacks)	<input type="radio"/>	<input checked="" type="radio"/>	29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.) NEXT OF KIN: Name: <u>Rick Dunn</u> Relationship: <u>Father</u> Address: <u>Same as #4</u> Phone: <u>214-498-4589</u>		
b. Habitual stammering or stuttering	<input type="radio"/>	<input checked="" type="radio"/>			
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/>	<input checked="" type="radio"/>			
d. Frequent trouble sleeping	<input type="radio"/>	<input checked="" type="radio"/>			
e. Received counseling of any type	<input checked="" type="radio"/>	<input type="radio"/>			
f. Depression or excessive worry	<input type="radio"/>	<input checked="" type="radio"/>	11. F Contacts age 14 17. E ADD Age 7 Dallas, TX 17. i Marijuana - 8 times Age 18 College Station, TX		
g. Been evaluated or treated for a mental condition (If yes, fully explain in Item 29 below.)	<input type="radio"/>	<input checked="" type="radio"/>			
h. Attempted suicide	<input type="radio"/>	<input checked="" type="radio"/>			
i. Used illegal drugs or abused prescription drugs	<input checked="" type="radio"/>	<input type="radio"/>			
18. FEMALES ONLY. Have you ever had or do you now have:					
a. Treatment for a gynecological (female) disorder	<input type="radio"/>	<input type="radio"/>			
b. A change of menstrual pattern	<input type="radio"/>	<input type="radio"/>			
c. Any abnormal PAP smears	<input type="radio"/>	<input type="radio"/>			
d. First day of last menstrual period (YYYYMMDD).					
e. Date of last PAP smear (YYYYMM).					

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED, MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

DD FORM 2807-1, OCT 2003

DoD exception to SF 93 approved by ICMR, August 3, 2000.

Page 2 of 4 Pages

DESIGNED USING MIRS, USMEPCOM; OUSC(P&R)
OVERPRINT/EXCEPTION APPROVED, MAY 7, 2001



LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) DUNN, DANIEL AUSTIN	SOCIAL SECURITY NUMBER 594-96-1068
---	--

30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician/practitioner shall comment on all positive answers in questions 8 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)

a. COMMENTS

Me. ADD dx. 7x0. Ritalin to 14x0.
Vision Myopia with myopia
(11f). Glasses 13x0. Myopia
Contacts 14x0.

0 Hx of Asthma, RAD, Inhaler use.
0 Hx of Counseling, ADD, ADI
0 Bone/Joint Surgery
0 Head Injury/LOC

QUESTIONING REVEALS	YES	NO	DETAILS
MARIJUANA USE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X8. Last use Jan. 2010.
OTHER DRUG ABUSE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ALCOHOL ABUSE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

EXAMINEE. I certify the information on this form is true and complete to the best of my knowledge and belief, and no person has advised me to conceal or falsify any information about my physical and mental history. I further understand that I may be requested to provide medical documentation regarding issues within my medical history. I authorize any of the doctors, hospitals, clinics or insurance company(ies) to furnish the Department of Defense medical authority a complete transcript of my medical record for purposes of processing my application for military service.

Daniel Austin Dunn
EXAMINEE SIGNATURE

20100526
DATE

b. TYPED OR PRINTED NAME OF EXAMINER
JOHN SMALE M.D.

c. SIGNATURE

John Smale

d. DATE SIGNED
(YYYYMMDD)
MAY 26 2010





LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)

DUNN, DANIEL AUSTIN

SOCIAL SECURITY NUMBER

594-96-1068

31. ADDITIONAL REMARKS. (Extension of blocks 29 or 30).





SUPPLEMENTAL HEALTH SCREENING QUESTIONNAIRE

(For use of this form, see USMEPCOM Reg 40-1)

Page 1 of 2

PRIVACY ACT STATEMENT

Authority: Title 10, United States Code (USC), Sections 504, 505, 507, 532, 978, 1201, 1202, and 4346; Executive Orders 9397 and 13478 (SSN)

Principal purpose: To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

Routine uses: None. The Department of Defense "Blanket Routine Uses" set forth at the beginning of the Army's compilations of system of records notices applies to this system.

Disclosure: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

1. Last Name - First Name - Middle Name (Suffix) DUNN, DANIEL AUSTIN		2. Social Security Number 594-96-1068		3. Date of Birth (YYYYMMDD) 19900330	
4. Date of Exam (YYYYMMDD) 20100526		5. MEPS C38		6. Sex M	
7a. Service <input checked="" type="checkbox"/> MARINE CORPS <input type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> NAVY <input type="checkbox"/> COAST GUARD		7b. Component <input type="checkbox"/> NATIONAL GUARD <input checked="" type="checkbox"/> ACTIVE DUTY <input checked="" type="checkbox"/> RESERVE			
8. Screening Questions Part 1 - Place a mark (X) in the column that corresponds to your answer to each of the following questions. (Any "YES" answer must be fully explained on page 2 of this form). Note: An answer is required for every question.					
YES	NO				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Were you <u>ever</u> depressed or down, most of the day, nearly every day for 2 weeks?			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. For the <u>past 2 weeks</u> , were you depressed or down, most of the day, nearly every day?			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Were you <u>ever</u> much less interested in most things or much less able to enjoy the things you used to enjoy most of the time, for 2 weeks?			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. In the <u>past 2 weeks</u> , were you much less interested in most things or much less able to enjoy the things you used to enjoy, most of the the time?			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	e. Have you ever deliberately cut, burned, or injured yourself?			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	f. Have you ever considered or attempted suicide?			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	g. Have you ever been arrested?			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	h. Have you ever been suspended from school?			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. Have you ever been fired from your job?			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	j. Have you ever been kicked out of your home?			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	k. Have you had three or more traffic violations?			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	l. Have you ever had trouble sleeping nearly every night (difficulty falling asleep, waking up in the middle of the night, early morning waking or sleeping excessively) for a period of 2 weeks or longer?			
9. Screening Questions Part 2 - Place a mark (X) in the box that corresponds to your answer to each of the following questions. Write the score that corresponds to your answer in the score column.					
a. How often do you have a drink containing alcohol?					Score
<input checked="" type="checkbox"/> Never (0) <input type="checkbox"/> Monthly or less (1) <input type="checkbox"/> Two to four times a month (2) <input type="checkbox"/> Two or three times per week (3) <input type="checkbox"/> Four or more times a week (4)					0 If zero, skip to Total Score
b. How many drinks containing alcohol do you have on a typical day?					
<input checked="" type="checkbox"/> 1 or 2 (0) <input type="checkbox"/> 3 or 4 (1) <input type="checkbox"/> 5 or 6 (2) <input type="checkbox"/> 7 to 9 (3) <input type="checkbox"/> 10 or more (4)					
c. How often do you have six or more drinks on one occasion?					
<input checked="" type="checkbox"/> Never (0) <input type="checkbox"/> Less than monthly (1) <input type="checkbox"/> Monthly (2) <input type="checkbox"/> Two or three times per week (3) <input type="checkbox"/> Four or more times a week (4)					
d. Total Score (Add up the score for each question to get your total score)					0
10. Signature of Applicant Daniel Austin Dunn				11. Date Signed (YYYYMMDD) 20100526	





Page 2 of 2

12. Last Name - First Name - Middle Name (Suffix)

DUNN, DANIEL AUSTIN

13. Social Security Number

594-96-1068

14. Comments. Note item by number (8a-8l) and provide an explanation of any "YES" answer.

After review of USMEPCOM FORM 40-1-15 E

G. Failure to appear - 2009
 time served - 5 days
 Flower Mound, TX

1. The applicant understands all questions
 in block 8 & 9 of this form. ☒

2. PSYCHOLOGICAL CONSULT REQUEST ☒

DR'S INITIAL

DATE MAY 26 2010

K. Speeding 2007
 paid fine - Flower Mound, TX
 - Speeding 2008
 paid fine - Flower Mound, TX
 - Seatbelt violation 2007
 paid fine - Highland Village, TX
 - Speeding 2009
 paid fine - Wilmer, TX

Speeding fines x 3.

Changed to 2010
 refer. auto 2d to
 loss responsibility re back to
 Psych consult for. Re. line 14a



REPORT OF MEDICAL EXAMINATION				1. DATE OF EXAMINATION (YYYYMMDD) 20100526		2. SOCIAL SECURITY NUMBER 594-96-1068	
PRIVACY ACT STATEMENT							
<p>AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.</p> <p>PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.</p> <p>ROUTINE USE(S): None.</p> <p>DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.</p>							
3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) DUNN DANIEL AUSTIN				4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code) 165 LAKE TRAIL DR DOUBLE OAK, TX 75077		5. HOME TELEPHONE NUMBER (Include Area Code) 214-850-3866	
6. GRADE CIVILIAN	7. DATE OF BIRTH (YYYYMMDD) 19900330	8. AGE (20)	9. SEX <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	10.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		b. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Not Hispanic/Latino	
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY <input type="checkbox"/> b. CIVILIAN <input checked="" type="checkbox"/>		12. AGENCY (Non-Service Members Only) DN			13. ORGANIZATION UNIT AND UIC/CODE		
14.a. RATING OR SPECIALTY (Aviators Only)			b. TOTAL FLYING TIME		c. LAST SIX MONTHS		
15.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input checked="" type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		b. COMPONENT <input type="checkbox"/> Active Duty <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> National Guard		c. PURPOSE OF EXAMINATION <input checked="" type="checkbox"/> Enlistment <input type="checkbox"/> Commission <input type="checkbox"/> Retention <input type="checkbox"/> Separation <input type="checkbox"/> Medical Board <input type="checkbox"/> Retirement <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> ROTC Scholarship Program		16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code) DALLAS MEPS 207 S. Houston Street Dallas, TX 75202-4709	
CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)							
				NE	44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)		
17. Head, face, neck, and scalp				/	<p>TR Hoos</p> <p>(E) Axillary line "MDA"</p>		
18. Nose				/			
19. Sinuses				/			
20. Mouth and throat				/			
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)				/			
22. Drums (Perforation)				/			
23. Eyes - General (Visual acuity and refraction under items 61 - 63)				/			
24. Ophthalmoscopic				/			
25. Pupils (Equality and reaction)				/			
26. Ocular motility (Associated parallel movements, nystagmus)				/			
27. Heart (Thrust, size, rhythm, sounds)				/			
28. Lungs and chest (Include breasts)				/			
29. Vascular system (Varicosities, etc.)				/			
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)				/			
31. Abdomen and viscera (Include hernia)				/			
32. External genitalia (Genitourinary)				/			
33. Upper extremities				/			
34. Lower extremities (Except feet)				/			
35. Feet (See Item 35 Continued)				/			
36. Spine, other musculoskeletal				/			
37. Identifying body marks, scars, tattoos				/			
38. Skin, lymphatics				/			
39. Neurologic				/			
40. Psychiatric (Specify any personality deviation)				/			
41. Pelvic (Females only)				/			
42. Endocrine				/			
43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If abnormality noted, explain in Item 44.)				35. FEET (Continued) (Circle category)			
<input checked="" type="checkbox"/> Acceptable				N - Normal Arch			
<input type="checkbox"/> Not Acceptable Class				C - Pes Cavus			
				P - Pes Planus			
				1 - Mild			
				2 - Moderate			
				3 - Severe			
				A - Asymptomatic			
				S - Symptomatic			

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) DUNN, DANIEL AUSTIN						DMV		SOCIAL SECURITY NUMBER 594-96-1068			
74.a. EXAMINEE/APPLICANT (check one) <input checked="" type="checkbox"/> IS QUALIFIED FOR SERVICE IN SPF DMV <input type="checkbox"/> IS NOT QUALIFIED FOR SERVICE				75. I have been advised of my disqualifying condition. I have been advised to see my private medical care provider within 24-48-72 hours/30 days / Routine Follow-up (circle one) for further evaluation and/or treatment. a. SIGNATURE OF EXAMINEE b. DATE (YYYYMMDD)							
b. PHYSICAL PROFILE											
P	U	L	H	E	S	X	PROFILER INITIALS		DATE (YYYYMMDD)		
1	1	1	1	1	0	0	WLS		MAY 26 2010		
76. SIGNIFICANT OR DISQUALIFYING DEFECTS											
ITEM NO.	MEDICAL CONDITION/DIAGNOSIS			ICD CODE	PROFILE SERIAL	RBJ DATE (YYYYMMDD)	QUALIFIED	DISQUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED SERVICE DATE (YYYYMMDD)	
77. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)(Use additional sheets if necessary.)											
78. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) (Use additional sheets if necessary.)											
79. MEPS WORKLOAD (For MEPS use only)											
WKID	ST	DATE (YYYYMMDD)	INITIAL	WKID	ST	DATE (YYYYMMDD)	INITIAL				
2	L	0102 9 8 2010									
2	L	20100608									
2	L	JUL 1 3 2010									
80. MEDICAL INSPECTION DATE		HT	WT	%BF	MAX WT	HCG	QUAL	DISQ	PHYSICIAN'S SIGNATURE		
JUL 1 3 2010		72.25	149		213		✓		Scant		
81.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER JOHN SMALE M.D.				MAY 26 2010		b. SIGNATURE Swag 6.					
82.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER						b. SIGNATURE					
83.a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						b. SIGNATURE					
84.a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY JERMA SCARBROUGH, DO						b. SIGNATURE 0102 8 0 NM					
85. This examination has been administratively reviewed for completeness and accuracy.											
a. SIGNATURE John					b. GRADE 654		c. DATE (YYYYMMDD) MAY 26 2010				
86. WAIVER GRANTED (If yes, date and by whom)										87. NUMBER OF ATTACHED SHEETS 16	
<input type="checkbox"/> YES <input type="checkbox"/> NO											

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)		DMV	SOCIAL SECURITY NUMBER 594-96-1068
DUNN, DANIEL AUSTIN			
88. Additional Remarks (extension of blocks 77 or 78).			

DESIGNED USING MIRS, USMEPCOM:
OVERPRINT/EXCEPTION APPROVED, M
Page 4 o

**ENLISTMENT/REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES**

PRIVACY ACT STATEMENT

PRIVACY: 5 U.S.C. 3331; 10 U.S.C. 113, 136, 502, 504, 505, 506, 507, 508, 509, 510, 513, 515, 516, 518, 519, 972, 978, 2107, 2107a, 3253, 3262, 5540, 8252, 8253, 8257, 8258, 12102, 12103, 12104, 12105, 12106, 12107, 12108, 12301, 12302, 12304, 12305, 12405; 14 USC 351, 32; 32 U.S.C. 301, 302, 303, 304; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle) DUNN DANIEL AUSTIN		2. SOCIAL SECURITY NUMBER 594-96-1068	
3. HOME OF RECORD (Street, City, County, State, Country, ZIP Code) 165 LAKE TRAIL DR, DOUBLE OAK, (DENTON), TX, US, 75077		4. PLACE OF ENLISTMENT/REENLISTMENT (MIL Installation, City, State) DALLAS MEPS DALLAS, TX 75202-4709	
5. DATE OF ENLISTMENT/ REENLISTMENT (YYYYMMDD) 20100608	6. DATE OF BIRTH (YYYYMMDD) 19900330	7. PREV MIL SVC UPON ENL/REENLIST	YEARS MONTHS DAYS
		a. TOTAL ACTIVE MILITARY SERVICE	
		b. TOTAL INACTIVE MILITARY SERVICE	

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States (list branch of service) **MARINE CORPS RESERVE** this date for 8 years and 0 weeks beginning in pay grade E-1 of which 0 years and 0 weeks is considered an Active Duty Obligation, and 6 years and 0 weeks will be served in the Reserve Component of the Service in which I have enlisted. If this is an initial enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate authority. This eight year service requirement is called the Military Service Obligation. The additional details of my enlistment/reenlistment are in Section C and Annex(es) (list name of Annex(es) and describe)
AB

a. FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):

I understand that I am joining the DEP. I understand that by joining the DEP I am enlisting in the Ready Reserve component of the United States (list branch of service) for a period not to exceed 365 days, unless this period of time is otherwise extended by the Secretary concerned. While in the DEP, I understand that I am in a nonpay status and that I am not entitled to any benefits or privileges as a member of the Ready Reserve, to include, but not limited to medical care, liability insurance, death benefits, education benefits, or disability retired pay if I incur a physical disability. I understand that the period of time while I am in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that the period of time while I am in the DEP is counted toward fulfillment of my military service obligation described in paragraph 10, below. While in the DEP, I understand that I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, qualifications, and mailing address. I understand that I WILL be ordered to active duty unless I report to the place shown in item 4 above by (list date (YYYYMMDD)) for enlistment in the Regular component of the United States (list branch of service) for not less than _____ years and _____ weeks.

b. REMARKS: (if none, so state.) **NONE**

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee/Reenlistee) **Biometrically Signed**

(Continued on Page 2)



**ENLISTMENT/REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES**

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 3331; 10 U.S.C. 113, 136, 502, 504, 505, 506, 507, 508, 509, 510, 513, 515, 516, 518, 519, 972, 978, 2107, 2107a, 3253, 3258, 3282, 5540, 8252, 8253, 8257, 8258, 12102, 12103, 12104, 12105, 12106, 12107, 12108, 12301, 12302, 12304, 12305, 12405; 14 USC 351, 632; 32 U.S.C. 301, 302, 303, 304; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle) DUNN DANIEL AUSTIN		2. SOCIAL SECURITY NUMBER 594-96-1068	
3. HOME OF RECORD (Street, City, County, State, Country, ZIP Code) 165 LAKE TRAIL DR, DOUBLE OAK, (DENTON), TX, US, 75077		4. PLACE OF ENLISTMENT/REENLISTMENT (Mil. Installation, City, State) DALLAS MEPS DALLAS, TX 75202-4709	
5. DATE OF ENLISTMENT/REENLISTMENT (YYYYMMDD) 20100608	6. DATE OF BIRTH (YYYYMMDD) 19900330	7. PREV MIL SVC UPON ENL/REENLIST	YEARS MONTHS DAYS
		a. TOTAL ACTIVE MILITARY SERVICE	
		b. TOTAL INACTIVE MILITARY SERVICE	

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States (*list branch of service*) **MARINE CORPS RESERVE** this date for 8 years and 0 weeks beginning in pay grade E-1 of which 0 years and 0 weeks is considered an Active Duty Obligation, and 6 years and 0 weeks will be served in the Reserve Component of the Service in which I have enlisted. If this is an initial enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate authority. This eight year service requirement is called the Military Service Obligation. The additional details of my enlistment/reenlistment are in Section C and Annex(es) (*list name of Annex(es) and describe*)
AB

a. FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):

I understand that I am joining the DEP. I understand that by joining the DEP I am enlisting in the Ready Reserve component of the United States (*list branch of service*) _____ for a period not to exceed 365 days, unless this period of time is otherwise extended by the Secretary concerned. While in the DEP, I understand that I am in a nonpay status and that I am not entitled to any benefits or privileges as a member of the Ready Reserve, to include, but not limited to medical care, liability insurance, death benefits, education benefits, or disability retired pay if I incur a physical disability. I understand that the period of time while I am in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that the period of time while I am in the DEP is counted toward fulfillment of my military service obligation described in paragraph 10, below. While in the DEP, I understand that I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, qualifications, and mailing address. I understand that I WILL be ordered to active duty unless I report to the place shown in item 4 above by (*list date (YYYYMMDD)*) _____ for enlistment in the Regular component of the United States (*list branch of service*) _____ for not less than _____ years and _____ weeks.

b. REMARKS: (If none, so state.) **NONE**

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee/Reenlistee) **Biometrically Signed**

(Continued on Page 2)





NAME OF ENLISTEE/REENLISTEE (Last, First, Middle) DUNN DANIEL AUSTIN		SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE 594-96-1068	
D. CERTIFICATION AND ACCEPTANCE			
<p>13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.</p> <p>I certify that I have carefully read this document, including the partial statement of existing United States laws in Section C and how they may affect this agreement. Any questions I had were explained to my satisfaction. I fully understand that only those agreements in Section B and Section C of this document or recorded on the attached annex(es) will be honored. I also understand that any other promises or guarantees made to me by anyone that are not set forth in Section B or the attached annex(es) are not effective and will not be honored.</p>			
b. SIGNATURE OF ENLISTEE/REENLISTEE Biometrically Signed		c. DATE SIGNED (YYYYMMDD) 20100608 16:11:46	
14. SERVICE REPRESENTATIVE CERTIFICATION			
<p>a. On behalf of the United States (list branch of service) MARINE CORPS, I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.</p>			
b. NAME (Last, First, Middle) KOLENC MICHAEL J		c. PAY GRADE E-7	d. UNIT/COMMAND NAME USMC RS STATION FORT WORTH
e. SIGNATURE Biometrically Signed		f. DATE SIGNED (YYYYMMDD) 20100608 16:11:46	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) PANTEGO TX 76133
E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT			
15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):			
<p>I, DANIEL AUSTIN DUNN, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.</p>			
16. IN THE NATIONAL GUARD (ARMY OR AIR):			
<p>I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.</p>			
17. IN THE NATIONAL GUARD (ARMY OR AIR):			
<p>I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____, _____ in the _____ National Guard and as a Reserve of the United States (list branch of service) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.</p>			
18a. SIGNATURE OF ENLISTEE/REENLISTEE Biometrically Signed		b. DATE SIGNED (YYYYMMDD) 20100608 16:41:54	
19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION			
a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.			
b. NAME (Last, First, Middle) WHITE ANDREW E		c. PAY GRADE O-3	d. UNIT/COMMAND NAME DALLAS MEPS
e. SIGNATURE Biometrically Signed		f. DATE SIGNED (YYYYMMDD) 20100608 16:41:54	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) DALLAS TX 75202-0000
(Initials of Enlistee/Reenlistee) Biometrically Signed			



G

ADMINISTRATIVE REMARKS (1070)

DATE 20100712	DATE
Articles UCMJ explained to me this date as required by Article 137, UCMJ.	Articles UCMJ explained to me this date as required by Article 137, UCMJ.
<i>x Daniel Austin Dunn</i>	
(Signature)	(Signature)

DUNN, DANIEL A.

NAME (last, first, middle)

594 96 1068

SSN

NAVMC 118(11) (REV. 3-82) (EF) SN: 0109-LF-062-8400 U/I: SH

PREVIOUS EDITIONS WILL BE USED

****MCT RECORD OF EMERGENCY DATA****

05/24/2011

13:05:30

SSN: 0594961068 NAME: DUNN, DANIEL A
 RUC: 01130 COMPANY CODE: M PRES-GRADE: E2 RECSTAT: E COMP CODE:
 PLT CODE: 0230 TRNGRP: A R-RECSTAT: 0 RCOMP-CODE: K4

SPOUSE NAME/ADDRESS
 SINGLE

CHILD NR/NAME/DOB/ADDRESS
 NONE

GUARDIAN NR/NAME/PHONE/RELATION/ADDRESS
 NONE

FATHER/MOTHER NAME/ADDRESS
 RICK A DUNN

165 LAKE TRAIL DR
 DOUBLE OAK TX 75077
 SAME AS FATHER

JUDY E DUNN

DO NOT NOTIFY DUE TO ILL HEALTH NR/NAME/RELATION/ADDRESS
 NOT NOTIFY 1 NOT GIVEN
 NOT NOTIFY 2 NOT GIVEN

MIA NOTIFY NAME/RELATIONSHIP
 SEE NOK INFORMATION
 MIA ADDRESS/DIRECTIONS
 SEE NOK INFORMATION

BENEFICIARY(IES) FOR DEATH GRATUITY NR/RELATIONSHIP/PCT
 01 JUDY E DUNN M0 100%
 ADDR1 165 LAKE TRAIL DR
 ADDR2 DOUBLE OAK TX 75077
 TELE 817-430-9853

BENEFICIARY(IES) UNPAID PAY/ALLOWANCES NR/NAME/RELATION/PCT/ADDRESS
 1 JUDY E DUNN M0 100% 165 LAKE TRAIL DR
 DOUBLE OAK TX 75077

PAY ARREARS 2 NOT GIVEN

PERSON AUTHORIZED DIRECT DISPOSITION NAME/ADDRESS/TELEPHONE/RELATIONSHIP
 NAME/RELATIONSHIP JUDY E DUNN (M)
 ADDR1 SAME AS FATHER 165 LAKE TRAIL DR
 ADDR2 DOUBLE OAK TX 75077
 TELE 817-430-9853

INSURANCE COMPANIES NR/NAME/POLICY NUMBER
 NONE

NEXT OF KIN NR/TELEPHONE NUMBER/RELATIONSHIP
 1 214-402-3819 M
 2 817-430-9853 - home brother F

PRIMARY NEXT OF KIN DIRECTIONS 214-498 4509
 NONE

MEMBER CERTIFICATION

REPORT ON UD NUMBER

WITNESS CERTIFICATION

DATE CERTIFIED

****MCT RECORD OF EMERGENCY DATA**

05/24/2011
13:05:30

SSN: 0594961068 NAME: DUNN, DANIEL A
RUC: 01130 COMPANY CODE: M PRES-GRADE: E2 RECSTAT: E COMP CODE:
PLT CODE: 0230 TRNGRP: A R-RECSTAT: 0 RCOMP-CODE: K4

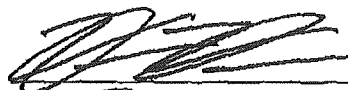
DATE OF CERTIFICATION

~~20110317~~ 20110524 X ~~20110317~~
20110524

SGLI MEMBER ELECTION
SGLI MEMBER BENEFICIARY
SGLI MEMBER PAY DESIGNATION
SGLI MEMBER VA CERTIFY DATE
SGLI SPOUSE ELECTION

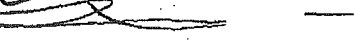
ELECTS \$400,000 COVERAGE
MOTHER TO RECEIVE
LUMP SUM
~~20110317~~ 20110524 X ~~20110317~~
NO SPOUSE 20110524

MEMBER CERTIFICATION



REPORT ON UD NUMBER 00849-20110809

WITNESS CERTIFICATION



DATE CERTIFIED

20110524

**Prudential**Office of Servicemembers'
Group Life Insurance**Servicemembers' Group Life Insurance
Election and Certificate****1. About You**

DANIEL, AUSTIN, DUNN

Print Name (First, Middle, Last)

PFC

Rank, title or grade

594961068

Social Security Number

\$400,000

Current Amount of SGLI Coverage

NAS FORT WORTH

Duty Location

USMC

Branch of Service

2. About Your Coverage

I am completing this form to: (Check all that apply)

☐ Name or update my SGLI beneficiary.

You must complete sections 3 and 5.

☐ Increase or restore my SGLI coverage to \$ 400,000

You must complete sections 3, 4, & 5.

☐ Reduce my SGLI coverage to \$ 350,000

You must complete sections 3 & 5.

☐ Decline (cancel) SGLI coverage.

You must complete section 5.

Coverage is
available in
increments of
\$50,000 up to a
maximum of
\$400,000**3. About Your Beneficiaries**

Complete this section unless you are declining coverage.

Primary Name and Address	Social Security Number (if available)	Relationship to you	Share to each (% or \$ amounts)	Payment Option (Lump sum* or 36 equal monthly payments)
1. JUDY ELAINE DUNN 105 LAKE TRAIL DRIVE DOUBLE OAK TX 75077	<input type="text"/> <input type="text"/> <input type="text"/>	MOTHER	100%	Lump sum
2.	<input type="text"/> <input type="text"/> <input type="text"/>			Lump sum
3.	<input type="text"/> <input type="text"/> <input type="text"/>			Lump sum
4.	<input type="text"/> <input type="text"/> <input type="text"/>			Lump sum
Secondary				
1. RICK ANDREW DUNN 105 LAKE TRAIL DRIVE DOUBLE OAK TX 75077	<input type="text"/> <input type="text"/> <input type="text"/>	FATHER	100%	Lump sum
2.	<input type="text"/> <input type="text"/> <input type="text"/>			Lump sum
3.	<input type="text"/> <input type="text"/> <input type="text"/>			Lump sum
4.	<input type="text"/> <input type="text"/> <input type="text"/>			Lump sum

☐ **Have more beneficiaries?** Check the box and complete Supplemental SGLI Beneficiary Form, SGLV 8286S.

If you do not name beneficiaries above, your insurance will be paid by law (see page 3).

* If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment either through the Prudential Alliance Account or by check. Alliance is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

Open Solutions Inc. is the Service Provider of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by JPMorgan Chase Bank, N.A. and processing support is provided by First Data Payment Services (FDPS). Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). Open Solutions Inc., JPMorgan Chase Bank, N.A., and First Data Payment Services are not Prudential Financial companies.

4. About Your HealthComplete this section **ONLY** if you are restoring or increasing coverage.Your gender ☐ Female
☐ Male

Your date of birth (MM, DD, YYYY)

Your weight

Your height

Have you had, been treated for, or had known indications of:

Yes No

- a. A heart condition? ☐ Yes ☐ No
- b. High blood pressure? ☐ Yes ☐ No
- c. A neurological disorder? ☐ Yes ☐ No
- d. Diabetes? ☐ Yes ☐ No
- e. Cancer or tumors? ☐ Yes ☐ No
- f. Have you ever been diagnosed as having a disease of the immune system? ☐ Yes ☐ No
- g. Do you have any known physical impairments, deformities, or ill health not covered above? ☐ Yes ☐ No

Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below.

5. Your Signature

You must complete this section.

I have read the instructions and understand that

- This form cancels any prior beneficiary or payment instructions.
- I can have SGLI and VGLI coverage at the same time, but the combined amount cannot be more than \$400,000.
- Reducing or **declining** SGLI coverage can affect the amount of my family coverage, traumatic injury coverage and post-separation coverage (see instructions for details).
- If I am married or get married after completing this form and have not declined SGLI, Family SGLI automatically covers my spouse. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. Failure to register my spouse in DEERS will result in my owing debts for unpaid premiums. I can decline Family SGLI coverage by completing SGLV 8286A.


 Service Member Signature

 594961068
 Social Security Number

 03, 17, 2011
 Date (MM, DD, YYYY)
For Branch of Service Official Use Only

Received by Personnel Clerk

Rank, title or grade

Organization

Date

Approve Disapprove

OSGLI Representative

Date

 Approved by: *M. Hernandez*
 Rank, title or grade: *Sergeant*
 Organization: *MAG-41*

 Date: *20110317*

MCTE BASIC INDIVIDUAL RECORD

05/24/2011
13:05:27

SSN: 0594961068 NAME: DUNN, DANIEL A
 RUC: 01130 COMPANY CODE: M PRES-GRADE: E2 RECSTAT: E COMP CODE:
 PLT CODE: 0230 TRNGRP: A R-RECSTAT: 0 RCOMP-CODE: K4

----- CONTRACT INFORMATION -----

EAS: 20110317 COMPONENT CODE:
 EOS: 20180607 ECC: 20110317 RESERVE COMPONENT CODE: K4 SMCR ENLISTED
 RESERVE ECC: 20180607 DATE ACCEPTED FIRST COMMISSION: 00000000
 DATE OF ENL/ACCEPT: 20100712 DOD TRNGRP: SA TRAINING GRP: A SMCR
 AFADB: 00000000 PEBD: 20100712 MANDATORY DRILL START: 20100712 END: 20160711
 DATE OF ORIG ENTRY: 20100608 DATE OF BASIC ELIG: 20110318MDP EXT MO: 00
 LENGTH CURR ENL: 6 YRS PEF: ZY RESERVE OPTIONAL ENL
 LENGTH CURR ENL: 00 MOS BONUS PEF:
 LENGTH CURR EXT: 00 MONTHS COLLEGE FUND PEF:
 NO EXT CURR ENL: 00 MGIB-SR STATUS: F ELIGIBLE-MEETS ALL R
 TOTAL MONTHS EXT: 00 MONTHS ACTIVE DUTY MGIB STATUS: OVEBP CODE: 3
 EFF DTE CURR EXT: 00000000
 MONTHS LAST ENL EXT: 00
 TIME LOST CURR ENL: 000 DAYS DESIG MIL PILOT: 00000000
 SOURCE OF INT ENTRY MIL SER: D 6 YEAR OBL START: 00000000
 SOURCE OF ENTRY: 7F OCAN CODE: OCAN EFF DATE: 00000000

POST 911 GIBILL ELIG BEGIN DT: 20101116 POST 911 GIBILL TR EDU BENE CD: 0
 POST 911 GIBILL BENEFITS TR DT: 00000000 POST 911 GIBILL TR EDU OBL DT: 00000000

----- SERVICE INFORMATION -----

PRES GRADE: E2 DOR: 20110101 ACDU RUC: 00000 MCC:
 SEL GRADE: DTE: 00000000 RESERVE RUC: 01130 MOB MCC: S3C
 FROM RESTR STAT CD: 0 PROM RESTR TERM DTE: 00000000

WORK STATION: ²¹⁴~~011~~ 1TAD RUC: 00000 MCC:
 2TAD RUC: 00000 MCC:
 BILLET DESCRIPTION: AVIATION ORDNANCE
 ANNIVERSARY DATE: 20110608
 PEN: 0804731M RCN: 010011 FAPRUC: 00000 RESERVE MCC: S3C
 DCTB: 20110129 FORMER RUC: 88809 FUTURE RUC:
 DATE JOINED PRES UNIT: 20110318 IND LOC CODE:
 DATE JOINED SMCR: 20100712

GEO LOC CODE: DEPLOY RET DATE: 00000000 DEPLOY STAT:
 GEO LOC DCTB: 000000 ROTATION TOUR DATE: 00000000
 COMBAT SERV CODE: 0 OVERSEAS CONTROL DATE: 00000000
 LAST COMBAT TOUR: 00000000 LAST PHYS EXAM: 00000000
 OFF REMOVAL DATE: 00000000 PHA DATE: 00000000
 CO DATE: 00000000 RESERVE UNIT JOIN DATE: 20110318
 LAST SEP/DISCH DATE: 20110317 REASON: MBK2 VOL REL/TR (COMPL REQ SERVICE) (IADT)

PMOS: 6531 ADMOS1: ADMOS6: ADMOS11:
 BMOS: 6531 ADMOS2: ADMOS7: ADMOS12:
 SMOS: 0000 ADMOS3: ADMOS8:
 JMOS: ADMOS4: ADMOS9:
 JMOS ED: 00000000 ADMOS5: ADMOS10:

----- PERSONAL INFORMATION -----

DATE OF BIRTH: 19900330 HOME OF RECORD: 121 48 1976 TX DENTON
 CITIZENSHIP: CA US COUNTRY OF ORIGIN: US UNITED STATES
 BLOOD TYPE: 2 A POS CIVILIAN ED LEVEL: 12 12TH GRADE
 SEX: M CERT: L HS DIPL MAJOR: AA H.S. ACADEMIC -
 RACE AGG CODE: E RACE CODE: E WHITE
 POPULATION GROUP: WHITE

ETHNIC CODE: P EUROPEAN ANGLO

RELIGION: 13 CHRISTIAN - NO DENOMINATIONAL PREFERENCE

DNA DATE: 20100712 HIV-TESTED: 201103

GOOD CONDUCT MEDAL DATE: 00000000

SMCR MEDAL DATE: 20100712

ARMED FORCES RESERVE MEDAL DATE: 20100712

DUTY PREF1:

DUTY PREF2:

DUTY PREF3:

----- PERSONAL INFORMATION -----

HOME TELEPHONE NUMBER: 214-850-3866

CELL PHONE NUMBER: 214-850-3866

SECONDARY PHONE NUMBER:

WORK TELEPHONE NUMBER: 000-000-0000

WORK DSN PHONE NUMBER PREFIX: 000

MAILING ADDRESS: 165 LAKE TRAIL

DOUBLE OAK

TX 750770000

ADDRESS VALIDATION: C CORRESPONDENCE

WORK EMAIL:

WORK EMAIL DATE: 00000000

PERSONAL EMAIL: AUSTINDUNN08@YAHOO.COM

PERSONAL EMAIL DATE: 20110322

SECONDARY EMAIL:

PHYSICAL ADDRESS: 165 LAKE TRAIL DR

DOUBLE OAK

TX 750770000

----- RECORD INFORMATION -----

RECORD STATUS: E SEP/DESERT/REC STATU RESERVE RECORD STATUS: 0 ACTIVE STATUS

DISPUTED DATE: 00000000

DISPUTED DATA:

LAST SCREENING: ~~20110317~~ 20110524

REASON: 2 ANNUAL SCREEN QUEST

SCREENING RESULT: A NOT ENGAGED IN CRITICAL CIVIL OCCUP

----- DEPENDENTS INFORMATION -----

MARITAL STATUS: S SINGLE

TOTAL NUMBER DEPENDENTS: 00

DEPN CERT CODE: NONE

DEPN GEO LOC CODE:

DATE DEPN LOC BEGAN: 00000000

SERVICE SPOUSE SSN:

CUSTODY STATUS CODE: 0

SERVICE SPOUSE CODE:

SPL POWER OF ATTORNEY: 00000000

SERVICE SPOUSE DATE: 00000000

*** THERE ARE NO REMARKS FOR INPUT SSN ***

----- BILLET IDENTIFICATION -----

PRESENT BILLET IDENT CODE:

RESERVE BILLET IDENT CODE: M0113000000

FAP BILLET IDENT CODE:

FORMER BILLET IDENT CODE:

----- DUTY STATUS INFORMATION -----

DUTY STATUS:

DUTY LIMIT: 0/NONE

DUTY LIMIT ED: 20100712

STR CAT: 0/ON DUTY W/BILLET THAT SERVES COMMAND MSN

STR CAT ED: 20110318

COMBAT CAS:

COMBAT CAS ED: 00000000

I CERTIFY THAT MY ELIGIBILITY FOR ENTITLEMENT TO BASIC ALLOWANCE FOR HOUSING
HAS/~~HAS NOT CHANGED~~ SINCE MY LAST CERTIFICATION/~~UPDATE~~

SIGNATURE:

[Signature]

DATE:

20110524

DEPN ZIP

IF APPLICABLE

RESERVE ONLY:

I CERTIFY THAT I HAVE BEEN INFORMED ABOUT THE MOBILIZATION DELAYS/EXEMPTION
PROGRAM AND ASSOCIATED POLICIES. I FURTHER CERTIFY THAT MY RETIREMENT OR
DISABILITY PENSION STATUS HAS NOT CHANGED. IF MY STATUS HAS CHANGED, I HAVE
COMPLETED THE NECESSARY FORMS. INITIAL: DAD

BIR CERTIFICATION SIGNATURE REQUIRED FOR BOTH ACTIVE DUTY AND RESERVE MARINES:

MARINE: [Signature] DATE: 20110524 AUDITOR: [Signature] UD NUM: 00849-2011
0809

CCPI manual

CAREER RETIREMENT CREDIT RECORD

05/24/2011

13:05:35

SSN: 0594961068 NAME: DUNN, DANIEL A
 RUC: 01130 COMPANY CODE: M PRES-GRADE: E2 RECSTAT: E COMP CODE:
 PLT CODE: 0230 TRNGRP: A R-RECSTAT: 0 RCOMP CODE: K4

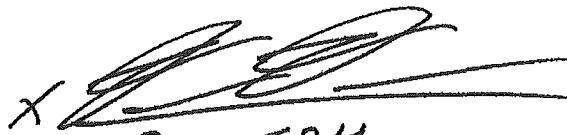
ANNV: 20110608 PEBD: 20100712 DOB: 19900330 MAND: 00000000 CERTDATE: ~~201103~~ 201105

ANNIVERSARY YEAR	INACDU	MBR-	TOTAL	INACDU	ACDU	TOTAL		
INCLUSIVE DATES	POINTS	SHIP	INACDU	PNTS	POINTS	PNTS	SAT	
PD	NPD	COR	FHD	PNTS	PNTS	CRED	PD	NPD
20100608-00000000	005	000	000	000	13	0018	018	249
							000	267
								NO

-----COMPLETED-----

CAREER TOTALS

INACTIVE DUTY POINTS CORRES.....	0000	ACTIVE DUTY POINTS PAID.....	00249
INACTIVE DUTY POINTS PAID.....	0005	ACTIVE DUTY POINTS NON-PAID.....	00000
INACTIVE DUTY POINTS NON-PAID....	0000	TOTAL ACTIVE DUTY POINTS.....	00249
FUNERAL HONORS DUTY POINTS.....	0000	TOTAL POINTS CREDIT.....	00267
MEMBERSHIP POINTS.....	013	TOTAL SATISFACTORY YEARS.....	00
TOTAL INACTIVE DUTY POINTS.....	0018	TOTAL QUALIFYING SERVICE.....	00-00-00
INACTIVE DUTY POINTS CREDIT.....	0018		

X 
 20110524

STATE OF LEGAL RESIDENCE CERTIFICATE	
DATA REQUIRED BY THE PRIVACY ACT OF 1974	
AUTHORITY:	Tax Reform Act of 1976, Public Law 94-455.
PURPOSE:	Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.
ROUTINE USES:	Information herein will be furnished State authorities and to Members of Congress.
MANDATORY OR VOLUNTARY DISCLOSURE:	Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.
NAME (Last, first, middle initial) DUNN, DANIEL, A	SOCIAL SECURITY NUMBER (SSN) 594961068
LEGAL RESIDENCE/DOMICILE (City or county and State) Double Oak, Texas	


Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2010
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		
1 Type or print your first name and middle initial. Daniel A	Last name Dunn	2 Your social security number 594 96 1068
Home address (number and street or rural route) 165 Lake Trail Drive		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code Double Oak, TX, 75017		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 500
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶ Daniel Dunn		Date ▶ 2018 07 12
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form W-4 (2010)


<p>resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.</p>		
<p>I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.</p> <p>I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.</p>		
SIGNATURE 	CURRENT MAILING ADDRESS (Include ZIP Code) 165 Lake Trail Dr. Double Oak, TX 75017	DATE 20110317

DD Form 2058, FEB 77


Adobe Professional 7.0

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.ANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) DUNN DANIEL AUSTIN		2. DEPARTMENT, COMPONENT AND BRANCH USMC-K1		3. SOCIAL SECURITY NUMBER 594 96 1068																																									
4a. GRADE, RATE OR RANK PFC	b. PAY GRADE E-2	5. DATE OF BIRTH (YYYYMMDD) 19900330	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20180607																																										
7a. PLACE OF ENTRY INTO ACTIVE DUTY DALLAS MEPS DALLAS TX 75202-4709		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 165 LAKE TRAIL DR DOUBLE OAK TX 75077																																											
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND C'NATTU, MATSG-33, NAS, OCEANA			b. STATION WHERE SEPARATED MATSG-33, NAS, OCEANA, VA (RUC 06116)																																										
9. COMMAND TO WHICH TRANSFERRED MAG-41, 4TH MAW, NAS FORT WORTH, FORT WORTH TX			10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$400,000																																										
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 6531 - Aircraft Ordnance Technician 0 years 0 mos 0 days		12. RECORD OF SERVICE																																											
		<table border="1"> <thead> <tr> <th></th> <th>YEAR(S)</th> <th>MONTH(S)</th> <th>DAYS(S)</th> </tr> </thead> <tbody> <tr> <td>a. DATE ENTERED AD THIS PERIOD</td> <td>2010</td> <td>07</td> <td>12</td> </tr> <tr> <td>b. SEPARATION DATE THIS PERIOD</td> <td>2011</td> <td>03</td> <td>17</td> </tr> <tr> <td>c. NET ACTIVE SERVICE THIS PERIOD</td> <td>00</td> <td>08</td> <td>06</td> </tr> <tr> <td>d. TOTAL PRIOR ACTIVE SERVICE</td> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>e. TOTAL PRIOR INACTIVE SERVICE</td> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>f. FOREIGN SERVICE</td> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>g. SEA SERVICE</td> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>h. INITIAL ENTRY TRAINING</td> <td>00</td> <td>01</td> <td>04</td> </tr> <tr> <td>i. EFFECTIVE DATE OF PAY GRADE</td> <td>2011</td> <td>01</td> <td>01</td> </tr> </tbody> </table>					YEAR(S)	MONTH(S)	DAYS(S)	a. DATE ENTERED AD THIS PERIOD	2010	07	12	b. SEPARATION DATE THIS PERIOD	2011	03	17	c. NET ACTIVE SERVICE THIS PERIOD	00	08	06	d. TOTAL PRIOR ACTIVE SERVICE	00	00	00	e. TOTAL PRIOR INACTIVE SERVICE	00	00	00	f. FOREIGN SERVICE	00	00	00	g. SEA SERVICE	00	00	00	h. INITIAL ENTRY TRAINING	00	01	04	i. EFFECTIVE DATE OF PAY GRADE	2011	01	01
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13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) National Defense Service Medal, Rifle Expert Badge		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) Aircraft Ordnance Technician 5 wks 02/11 F/A-18 Armorment System 4 wks 3/11																																											
15a. COMMISSIONED THROUGH SERVICE ACADEMY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																													
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																													
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If yes, years of commitment) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																													
16. DAYS ACCRUED LEAVE PAID 1.0		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																											
18. REMARKS Not a final discharge. Date detached separation activity: 20110316 1 day travel time. While a member of the Marine Corps Reserve you will keep the CG, Marine Corps Reserve Support Command (toll free 1-800-255-5802) informed of any change of address, marital status, number of dependants, civilian employment, or physical standards. S/N: 06116-2011-0003																																													
The information contained here in is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.																																													
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 165 Lake Trail Drive Double Oak TX 75077-0000		b. NEAREST RELATIVE (Name and address - Include Zip Code) Judy Dunn (Mother) 165 Lake Trail Drive Double Oak TX 75077-0000																																											
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) TX OFFICE OF VETERANS AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																													
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																													
21a. MEMBER SIGNATURE 		b. DATE (YYYYMMDD) 20110319	22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) Christopher L. Richardson CWO2 HRSO		b. DATE (YYYYMMDD) 20110310																																								

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION Released from IADT		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY MARCORSEPMAN par 1005		26. SEPARATION CODE MBK2	27. REENTRY CODE RE-1A
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE			
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) None.		30. MEMBER REQUESTS COPY 4 (Initials) 	

Adobe LiveCycle Designer 1

20. NAME (Last, First, Middle Initial) Dunn, Daniel Austin				21. SOCIAL SECURITY NUMBER 594-96-1068	
SECTION III - OTHER PERSONAL DATA					
22. EDUCATION					
a. List all high schools and colleges attended. (List dates in YYYYMM format.)					(5) GRADUATE
(1) FROM	(2) TO	(3) NAME OF SCHOOL	(4) LOCATION		YES NO
200408	200806	MARCUS HS	TX FLOWER MOUND		AD
					YES NO
b. Have you ever been enrolled in ROTC, Junior ROTC, Sea Cadet Program or Civil Air Patrol?					AD
23. MARITAL/DEPENDENCY STATUS AND FAMILY DATA (If "Yes," explain in Section VI, "Remarks.")					
a. Is anyone dependent upon you for support?					AD
b. Is there any court order or judgment in effect that directs you to provide alimony or support for children?					AD
c. Do you have an <u>immediate relative</u> (father, mother, brother, or sister) who: (1) is now a prisoner of war or is missing in action (MIA); or (2) died or became 100% permanently disabled while serving in the Armed Services?					AD
d. Are you the only living child in your immediate family?					AD
24. PREVIOUS MILITARY SERVICE OR EMPLOYMENT WITH THE U.S. GOVERNMENT (If "Yes," explain in Section VI, "Remarks.")					
a. Are you now or have you ever been in any regular or reserve branch of the Armed Forces or in the Army National Guard or Air National Guard?					AD
b. Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States?					AD
c. Are you now or have you ever been a deserter from any branch of the Armed Forces of the United States?					AD
d. Have you ever been employed by the United States Government?					AD
e. Are you now drawing, or do you have an application pending, or approval for: retired pay, disability allowance, severance pay, or a pension from any agency of the government of the United States?					AD
25. ABILITY TO PERFORM MILITARY DUTIES (If "Yes," explain in Section VI, "Remarks.")					
a. Are you now or have you ever been a conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?)					AD
b. Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector?					AD
c. Is there anything which would preclude you from performing military duties or participating in military activities whenever necessary (i.e., do you have any personal restrictions or religious practices which would restrict your availability)?					AD
26. DRUG USE AND ABUSE (If "Yes," explain in Section VI, "Remarks.") Have you ever tried, used, sold, supplied, or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), or anabolic steroid, except as prescribed by a licensed physician?					REFER TO DASF